

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO.

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		2		1		
4		6		1		
5		6		1		
6		6		1		
7				1		
8	1		1			
9		1		1		
10		2		1		
11		2		1		
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TOTAL IND.			3	↓		↓
TOTAL DEP.		←	12	←		←
TOTAL CLAMS			15			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↓		↓
TOTAL DEP.		←			←	←
TOTAL CLAMS						